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*A Strategic Plan for  
Public Health System  
Improvement in Montana*



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# EXECUTIVE SUMMARY

## Background

The purpose of Montana's Turning Point Initiative, funded in 1998 by the Robert Wood Johnson and W.K. Kellogg foundations, is to create a strategic plan for improvement of the public health system as well as an action plan for implementing those improvements. The process is designed to build on the solid base of public health improvement planning already carried out by the Public Health Improvement Task Force in 1995 and 1996.

The key differences between the earlier work and the current project are that (1) the goal of the current effort is to establish and sustain an organized, integrated, and coordinated public health system that will encompass all the traditional and non-traditional public health providers, consumers, and stakeholders; and (2) the current process is *strategic* in that it views Montana's public health system in the context of its overall environment and attempts to anticipate changes in that environment and appropriate responses to those changes.

## Mission and Vision

The *mission* of the Montana Public Health System is, in partnership with other entities, to enhance the quality of life for all people within Montana by promoting healthy behaviors, protecting health and the environment, assuring access to quality health care, and strengthening community prevention efforts. Our *vision* is a public health system that enables all people in Montana to live safe and healthy lives.

## Strategic Statement

The Task Force has examined the way state and local public health agencies do business in Montana and is recommending fundamental changes, including a renewed emphasis on population-based services and the adoption of a coordinated public health system.

## Strategic Goals

1. Develop and maintain accepted public health system standards and guidelines to improve quality of services and system accountability.
2. Establish and implement a blueprint for an integrated, coordinated and sustainable public health system for Montana for the 21st century.
3. Support and enhance a stable, well-trained, and competitively compensated public health workforce.
4. Establish and maintain a public health education and information process to increase awareness of the importance of public health.
5. Maximize resources to support the Montana public health system in fulfilling its mission.



# I. STRATEGIC FRAMEWORK

## Mission Statement

The Montana Public Health System, in partnership with other entities, enhances the quality of life for all people in Montana by promoting healthy behaviors, protecting health and the environment, assuring access to quality health care, and strengthening community prevention efforts.

## Vision Statement

Our vision is a public health system that enables all people in Montana to live safe and healthy lives.

## Guiding Principles

1. Respect for the dignity and self worth of every individual.
2. Commitment to support and enhance the health of individuals, families and communities.
3. Commitment to the right of Montanans to a clean and healthy environment.
4. Commitment to establish partnerships with entities traditionally outside the public health community.
5. Commitment to shared leadership, innovation and pride in establishing and sustaining a strong public health system.

## Public Health System

A coordinated system of local, state, tribal, and federal agencies and communities working together to protect people from harmful conditions, promote healthy behaviors, and assure access to quality care.

## 2. Strategy Statement

### Background

With the legislative adoption of the Public Health Improvement Act in 1995, Montana's governor appointed a Public Health Improvement Task Force, consisting of public health professionals, legislators and policy makers. In general, the Task Force recognized that the traditional system for meeting ongoing and emergency public health needs was no longer adequate and concluded that a systematic overhaul of public health was necessary. The Task Force formulated the Public Health Improvement Plan consisting of 13 recommendations. The plan was an excellent tool for defining public health and developing the roles and responsibilities of local and state public health agencies.

In December 1997, Montana was one of 14 states awarded a Turning Point Initiative Grant from the Robert Wood Johnson Foundation. This grant allowed Montana to continue its public health improvement activities and strategies with the Public Health Improvement Task Force and other members of the public health system. The Task Force took the considerable work already provided in the earlier plan to the next step with the development of this Strategic Plan for Public Health System Improvement.



### Problems and Needs

The public health system in the United States has experienced dramatic challenges in the past two decades as health and medical care have been redefined and reengineered. Modern public health problems present many challenges, resulting largely from changes in delivery and payment practices in medical care and health insurance, welfare reform, growth (especially in suburban and rural areas), a rapidly aging population, newly emerging diseases, and the vastly increased mobility of the population. A study by the U.S. Department of Health and Human Services of the 10 leading causes of death concluded that only 10 percent of premature deaths are avoidable through improved access to medical care. Thus, public health has the potential to prevent the majority of early deaths by targeting factors that contribute to these deaths. By targeting contributory factors, public health has the potential to reduce significantly these earlier deaths.

There are excellent public health programs throughout Montana. However, there is not a well-structured and clearly articulated statewide public health system infrastructure. Because of a multitude of jurisdictional areas and varying statutory responsibility, there is not a consistent approach to public health, thus resulting in fragmentation and lack of focus.

Implementation of a statewide public health system can have an enormous, positive impact on the health of Montanans. This plan addresses the following priority strategic issues.



## Priority Strategic Issues

- How can we achieve a clear and comprehensive definition and blueprint of the public health system, reduce fragmentation and increase the connectivity of system components?
- How can we create and maintain a stable, well-trained and fairly compensated public health workforce?
- How can we increase the awareness of the public health system's importance by stakeholders? Will increased awareness and understanding reduce barriers to system improvements?
- How will the existence of widely accepted public health standards and guidelines improve system development and coordination including identification of needed resources?

## Improvement Strategy

The Public Health Improvement Task Force has proposed a number of significant changes in the way state and local public health entities do business in Montana. The overall strategy underlying these changes is based on the following guiding principles:

- Using a systems approach to state and local public health, which would focus resources toward addressing community health needs.
- Facilitating increased integration and coordination of public health resources and services.
- Placing a renewed emphasis on providing population-based services.
- Improving the quality of Montana's public health workforce.
- Changing the way the public health system is funded to ensure improved sustainability.

### 3. GOALS AND STRATEGIES

Responsibility for the completion of the strategies and action steps is not specifically delineated. Implementation of this strategic plan will be a joint effort of the Montana Department of Public Health and Human Services, local health departments and other public health system partners. Until the system blueprint is finalized and implemented, the Public Health Improvement Task Force is responsible for overseeing the plan's implementation. Lack of resources will necessitate innovative approaches and extraordinary cooperation to assure the accomplishment of each action step.

The goals are not presented in priority order.

GOAL	STRATEGY
<p><i>Systems Standards and Accountability</i></p> <p>1. Develop and maintain accepted public health system standards and guidelines to improve quality of services and system accountability.</p>	<p>1.1 Develop a system of public health performance standards and guidelines based on the core functions and essential services of public health, reflecting the diversity of Montana's communities.</p> <p>1.2 Implement, evaluate, and maintain the public health system practices and performance standards and guidelines.</p>
<p><i>Blueprint for an Integrated System</i></p> <p>2. Establish and implement a blueprint for an integrated, coordinated and sustainable public health system for Montana for the 21st century.</p>	<p>2.1 Develop a working model (blueprint) for public health system integration and coordination.</p> <p>2.2 Implement the public health system coordination model (blueprint).</p>
<p><i>Workforce Improvement</i></p> <p>3. Support and enhance a stable, well-trained, and competitively compensated workforce.</p>	<p>3.1 Develop and maintain a public health training program that is coordinated among system members and is based on best practices, professional competencies and performance standards.</p> <p>3.2 Develop and use information technology to enhance system communication, employee productivity, and training.</p> <p>3.3 Develop and maintain a workforce that is fairly compensated.</p> <p>3.4 Develop and periodically update career enhancement procedures for the public health system.</p>

GOAL	STRATEGY
<p><i>Public Information and Awareness</i></p> <p>4. Establish and maintain a public health education and information process to increase awareness of the importance of public health.</p>	<p>4.1 Define a uniform message that presents a compelling and succinct description of the Montana public health system.</p> <p>4.2 Develop a public health marketing plan involving system partners and consumers.</p> <p>4.3 Publish an annual report containing an assessment of Montana's public health system.</p>
<p><i>Resources for Sustainability</i></p> <p>5. Maximize resources to support the Montana public health system in fulfilling its mission.</p>	<p>5.1 Develop an accurate picture of the current resource allocation in the public health system.</p> <p>5.2 Develop a three- to five-year business plan for financing the public health system in Montana.</p> <p>5.3 Develop a dedicated source of ongoing state funding for the public health system.</p> <p>5.4 Examine ways to obtain additional system funding through traditional and non-traditional means.</p>

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# APPENDIX A

## IMPLEMENTATION PLAN

Responsibility for the completion of the strategies and action steps is not specifically delineated. Implementation of this strategic plan will be a joint effort of the Montana Department of Public Health and Human Services, local health departments and other public health system partners. Until the system blueprint is finalized and implemented, the Public Health Improvement Task Force is responsible for overseeing the plan's implementation. Lack of resources will necessitate innovative approaches and extraordinary cooperation to assure the accomplishment of each action step.

The goals are not presented in priority order.

Strategies		Action Steps	Yr 1	Yr 2	Yr 3
Goal I. Develop and maintain accepted public health system standards and guidelines to improve quality of services and system accountability.					
I.1	Develop a system of public health performance standards and guidelines, based on the core functions and essential services of public health, reflecting the diversity of Montana's communities.	A. Research national and other states' public health standards and guidelines for potential applicability to Montana.	X		
		B. Participate in the Turning Point National Excellence Collaborative on Performance Standards.	X	X	X
		C. Compare state's public health system with the appropriate national standards.	X		
		D. Solicit widespread input from public health professionals and other community leaders on standards and guidelines.		X	
		E. Draft the standards and guidelines.		X	
		F. Finalize the standards and guidelines.		X	X
I.2	Implement, evaluate, and maintain public health performance standards and guidelines.	A. Develop partnerships at the state and local levels to generate support for standards and guidelines implementation.		X	X

Strategies	Action Steps	Yr 1	Yr 2	Yr 3
	B. Pilot test the standards and guidelines in local health systems of varying sizes and at the state level.			x
	C. Educate decision makers, including county commissioners and legislators, about implementing public health standards and guidelines. (Also see goal 4 dealing with public information and awareness.)			x
	D. Secure resources and provide training, technical assistance, and other support to facilitate implementation.			x
	E. Monitor and review effectiveness of standards and guidelines and create a system of continuous quality improvement.			x

Strategies	Action Steps	Yr 1	Yr 2	Yr 3
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Goal 2. Establish and implement a blueprint for an integrated, coordinated and sustainable public health system for Montana for the 21st century.

2.1	Develop a working model (blueprint) for public health system integration and coordination.	A. Define which of the essential services and standards (goal 1) are applicable to each public health system participant.	x		
		B. Continue the review and evaluation of public health system structures from other states. Look for models of system coordination.	x	x	
		C. Develop draft of public health system integration and coordination consistent with the essential services and standards.	x	x	

Strategies		Action Steps	Yr 1	Yr 2	Yr 3
		D. Solicit feedback and “buy in” from system participants on draft system model.	x	x	
		E. Finalize the system model (blueprint).		x	
2.2	Implement the public health system coordination model (blueprint).	A. Based on system model and (blueprint) and standards, assess Montana’s deficiencies.		x	x
		B. Assess costs on state and local level for blueprint and standard implementation. (See goal 5.)		x	x
		C. Develop legislation (which may include a variety of statutory changes) for blueprint implementation. This should also be consistent with the standards and guidelines developed in goal 1.		x	x
		D. Obtain “buy in” from system participants for legislation.		x	x
		E. Present legislation for system implementation to legislature.			x
2.3	Monitor, review, and evaluate the performance of the public health system coordination model.	A. Develop system performance criteria.		x	
		B. Develop system evaluation procedures.		x	
		C. Conduct periodic reviews of system performance.			x
		D. Design and implement changes to the model and/or standards as necessary and appropriate.			x

Strategies	Action Steps	Yr 1	Yr 2	Yr 3
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Goal 3. Support and enhance a stable, well-trained, and competitively compensated workforce.

3.1	Develop and maintain a public health training program that is coordinated among system members and that is based on best practices, professional competencies and performance standards.	A. Assess competencies of the public health workforce to assist in the identification of needed improvements.	x	x	x
		B. Establish and maintain the Montana Public Health Training Institute.	x	x	x
		C. Develop and sustain a collaborative mechanism for providing public health leadership training.		x	x
		D. Create and maintain a mentoring program for public health system workers.	x	x	x
		E. As part of the Public Health Training Institute, provide training to system members on the core functions of public health.	x	x	x
		F. Provide public health training for a variety of groups including boards of health, policy makers and elected officials.	x	x	x
		G. Develop training curricula based on "credentialing" requirements.			x
3.2	Develop and use information technology to enhance system communication, employee productivity, and training.	A. Assess information technology needs throughout the public health system.	x		
		B. Use infrastructure grants to improve the quality of information technology equipment and programs throughout the system.	x	x	x



Strategies		Action Steps	Yr 1	Yr 2	Yr 3
		C. Develop guidelines for information technology usage by system partners.		x	
3.3	Develop and maintain a workforce that is fairly compensated.	A. Assess and periodically update workforce recruitment and retention procedures.	x	x	x
		B. Conduct and periodically update a survey of compensation levels - both monetary and non-monetary.		x	x
		C. Develop and periodically update a set of workforce compensation guidelines.		x	x
		D. Explore linking compensation to certification levels and continuing education and training.			x
		E. Develop guidelines related to work environment improvements.			x
3.4	Develop and periodically update career enhancement procedures for the public health system.	A. Assess the status of professional career enhancement opportunities in the public health system.		x	
		B. Develop guidelines for the establishment of career paths throughout the public health system.			x
		C. Explore ways to improve public attitudes toward the practice of public health and its workers.			x
		D. Implement a process for professionalizing the public health workforce.			x

Goal 4. Establish and maintain a public education and information process to increase awareness of the importance of public health.

4.1	Define a uniform message that presents a compelling and succinct description of the Montana public health system.	<p>A. Involve system partners and consumers in developing a uniform public health message.</p> <p>B. Develop and pre-test the message.</p> <p>C. Evaluate the message with target audiences.</p> <p>D. Use the message consistently on all relevant education materials.</p>	X		X
4.2	Develop a public health marketing plan involving system partners and consumers.	<p>A. Research target audiences.</p> <p>B. Analyze other public health marketing efforts to avoid duplication.</p> <p>C. Establish marketing objectives for the public health system.</p> <p>D. Implement the marketing plan.</p>		X	X
4.3	Publish an annual report assessing Montana's public health system.	<p>A. Conduct an assessment of the public health system using objective performance indicators.</p> <p>B. Involve system partners, consumers and other interested stakeholders in the process.</p> <p>C. Publish and distribute an annual report to elected officials and other stakeholders.</p>	X	X	X

Strategies	Action Steps	Yr 1	Yr 2	Yr 3
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Goal 5. Maximize the availability of resources to support the Montana public health system in fulfilling its mission.

5.1	Develop an accurate picture of the current resource allocation in the public health system.	A. Compare current resources to system performance standards and guidelines.	x	x	x
		B. Identify gaps in funding the public health system.	x	x	x
		C. Evaluate the efficiency and effectiveness of current uses of public health funds.		x	
		D. Establish priorities for allocating public health resources in Montana.		x	x
5.2	Develop a three- to five-year strategic business plan for financing the public health system in Montana.	A. Develop a multi-year strategy for financing and managing the system emphasizing eliminating service gaps.		x	
		B. Prepare a comprehensive system business plan and update it regularly.		x	x
5.3	Develop a dedicated source of ongoing state funding for the public health system.	A. Review other states' experience in securing dedicated funding sources.		x	
		B. Interview Montana system stakeholders regarding their preferences for a long-term, stable funding solution.		x	x
		C. Propose a dedicated funding source for Montana's system.			x
		D. Include a plan for legislative approval of a dedicated funding source.			x
		E. Identify legislation for local funding options.		x	x

Strategies		Action Steps	Yr 1	Yr 2	Yr 3
5.4	Examine ways to obtain additional system funding through traditional and non-traditional means.	A. Identify state and local agencies whose actions can have an impact on public health.	x		
		B. Explore other potential sources of system funding.	x		
		C. Explore establishing a public health foundation for Montana.	x		
		D. Develop strategies for securing additional system funding including approval for the integrated funding project.	x		

# APPENDIX B

## OVERVIEW OF ENVIRONMENTAL ASSESSMENT AND PRIORITY STRATEGIC ISSUES

### Environmental Assessment

#### Key Internal Strengths of the Public Health System

1. The people in the system—their commitment and leadership, their history and interest (such as in the Public Health Improvement Task Force).
2. The advantage of living in a state with low incidences of crime and other high-risk behaviors compared to other states. We can still prevent a lot of problems.
3. Montanans have a strong sense of survival and resourcefulness, and a “can do” attitude.
4. Public health is doing a pretty good job in this state. We are preventing the spread of communicable disease, getting kids immunized, protecting ground water . . .

#### Key Internal Weaknesses of the Public Health System

- The public health system is not clearly defined or adequately funded.
- The public and the legislature lack knowledge of and support for the system.
- There is no integrated health information system to drive policy decisions.

#### Key External Opportunities for the Public Health System

- A. Defining and developing the system using all the initiatives, funding, and other changes currently underway (e.g., R. W. Johnson funding, tobacco settlement funds, Community Incentive Program, Children’s Health Insurance Program).
- B. These present an excellent opportunity if we coordinate the programs and get the outcomes we seek.
- C. Increased collaboration between environmental and other public health. It has started on the state and local levels and we can keep it going.

## Key External Opportunities for the Public Health System - continued

- D. Technology-based opportunities to educate and communicate. A great way to do more with less.

## Key External Threats to the Public Health System

- A. The economy and the challenge of making a living in Montana and the changing demographics.
- B. Lack of recognition by the public and legislators of the value of putting state money into public health infrastructure and programs. There is no commitment to fund the public and environmental health infrastructure. The public is apathetic until a crisis occurs. (Example: DEQ's funding continues to decline for things like wastewater treatment.) Our dependence on federal funds hurts us: federal priorities become our priorities.
- C. The lack of coordination among coalitions, agencies, and other entities.

## Priority Strategic Issues

1. How can we achieve a clear and comprehensive definition and blueprint of the public health system, reduce fragmentation and increase the connectivity of system components?
2. How can we create and maintain a stable, well-trained and fairly compensated public health workforce?
3. How can we increase the awareness of the public health system's importance by stakeholders? Will increased awareness and understanding reduce barriers to system improvements?
4. How will the existence of widely accepted public health standards and guidelines improve system development and coordination including identification of needed resources?

# APPENDIX C

## OVERVIEW OF THE STRATEGIC PLANNING PROCESS



A Turning Point grant from the Robert Wood Johnson Foundation provided the impetus for the strategic planning process, which supplemented the public health improvement plan conducted by the Public Health Improvement Task Force in 1995 and 1996. The planning process was sequential in that the results of one step led to the next. For example, the strategic priorities and goals flowed from the environmental assessment, and the strategies and action steps flowed from the strategic priorities and goals.

While the Montana Public Health Improvement Task Force guided the strategic planning process, many other public health system members participated in a series of meetings held throughout the state. During the strategic planning process the Task Force met in Kalispell, Bozeman, Wolf Point, and Billings.

The Task Force worked closely with the four local Turning Point projects: the Sheridan County Turning Point Partnership, Gallatin County Public Health Alliance, Fort Peck Health Coalition, and the Flathead County Cornerstone Project. They represent Montana's broadly dispersed and diverse communities. The interaction between the local and state Turning Point project was continuous and constructive. A member of each local Turning Point project was on the Task Force.

Consultants guided and facilitated the strategic planning process and public comment meetings.

The planning process involved five steps from June 1999 to March 2000:

- Step 1. The Montana Public Health Improvement Task Force held a two-day planning session during which it completed an environmental assessment of the current public health system. The strengths, weaknesses, opportunities and threats of the system were identified and analyzed. The Task Force developed the strategic framework for a public health system improvement plan, including a mission, vision and definition of a public health system.
- Step 2. The Task Force invited expanded work groups to review the strategic framework and to assist in formulating strategies and action steps to achieve the goals. These work groups met over a three-day period.
- Step 3. The Task Force solicited feedback during the comment period from many individuals and groups. Feedback was received in a variety of ways. The Montana Public Health Association sponsored four regional meetings in Sidney, Butte, Great Falls and Missoula. Montana Public Health Association members, sanitarians, tribal health staff, elected officials, public health nurses, health officers and other stakeholders were invited to the regional meetings.

Additionally, the plan was presented at a variety of meetings, conferences and at a satellite METNET. The Task Force members and Turning Point staff presented the plan to the Montana Primary Care Liaison Group, DPHHS Native American Advisory Group, Montana Health Coalition, local health department staff, Montana Environmental Health Association members, the Health Policy and Services Division staff at DPHHS, and other public health groups.

Articles were placed in several newsletters, including the Montana Association of Counties, Partners in Health and the Montana Environmental Health Association newsletters. The plan was placed on the DPHHS website with a feedback sheet.

- Step 4. The Task Force reviewed the recommendations for inclusion in the final draft of the strategic plan.

Lists of members of the Task Force and the work groups are provided below.

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## BOZEMAN, MT AUGUST 1999

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# APPENDIX D

## GLOSSARY OF TERMS

**Assessment** - one of public health's three core functions. Assessment calls for regularly and systematically collecting, analyzing, and making available information on the health of a community, including statistics on health status, community health needs, and epidemiologic and other studies of health problems.

**Assurance** - one of public health's three core functions. It involves assuring constituents that services necessary to achieve agreed-upon goals are provided by encouraging actions on the part of others, by requiring action through regulation, or by providing services directly.

**Capacity** - the capability to carry out the core functions of public health. Also see Infrastructure.

**Core Functions** - three basic roles for public health for assuring conditions in which people can be healthy. As identified in the Institute of Medicine's landmark report, *The Future of Public Health*; these are assessment, policy development, and assurance.

**Environmental Health** - In its broadest sense, environmental health comprises those aspects of human health, diseases and injury that are determined or influenced by factors in the environment. Also, environmental health is an organized effort to minimize the public's exposure to environmental hazards by identifying the disease or injury agent, preventing the agent's transmission through the environment, and protecting people from exposure to contaminated and hazardous environments.

**Essential Public Health Services** - a formulation of the processes used in public health to prevent epidemics and injuries, protect against environmental hazards, promote healthy behaviors, respond to disasters, and ensure quality and accessibility of health services. Ten essential services have been identified:

1. Monitoring health status to identify community health problems.
2. Diagnosing and investigating health problems and health hazards in the community.
3. Informing, educating, and empowering people about health issues.
4. Mobilizing community partnerships to identify and solve health problems.
5. Developing policies and plans that support individual and community health efforts.
6. Enforcing laws and regulations that protect health and ensure safety.

7. Linking people to needed personal health services and ensuring the provision of health care when otherwise unavailable.
8. Ensuring a competent public health and personal health care workforce.
9. Evaluating effectiveness, accessibility, and quality of personal and population-based health services.
10. Research for new insights and innovative solutions to health problems.

**Health System** - as used in the text, the health system is the sum total of the strategies designed to prevent or treat disease, injury, and other health problems. The health system includes population-based preventive services, clinical preventive and other primary medical care services, and all levels of more sophisticated treatment and chronic care services.

**Indicator** - a measure of health status or a health outcome.

**Infrastructure** - the human, organizational, informational, and fiscal resources of the public health system that provide the capacity for the system to carry out its core functions.

**Local Health Departments (LHDs)** - functionally, a local (county, multi-county, municipal, town, other) health agency, operated by local government, often with oversight and direction from a local board of health, that carries out public health's core functions throughout a defined geographic area. A more traditional definition is an agency serving less than an entire state that carries some responsibility for health and has at least one full-time employee and a specific budget.

**Local Public Health System** - Local health department working with public and private entities contributing to the health of the public in their jurisdiction.

**Partnership** - a relationship of individuals or groups marked by mutual cooperation and responsibility.

**Performance Indicator** - a measurable variable developed by the applicant/grantee to measure the result or the impact which the model is having on the target population. Example: Number of pregnant participants who report decreased smoking at a given time over the total number of pregnant participants who report that they smoke during their initial assessment.

**Policy Development** - one of public health's three core functions. Policy development involves serving the public interest in the development of comprehensive public health policies by promoting the use of the scientific knowledge base in decision making and by leading in developing public health policy.



**Population-based Public Health Services** - interventions aimed at disease prevention and health prevention that affect an entire population and extend beyond medical treatment by targeting underlying risks, such as tobacco, drug, and alcohol use; diet and sedentary lifestyles; and environmental factors.

**Public Health** - activities that society undertakes to assure the conditions in which people can be healthy. This includes organized community efforts to prevent, identify and counter threats to the health of the public.

**Public Health System** - A coordinated system of local, state, tribal, and federal agencies and communities working together to protect people from harmful conditions, promote healthy behaviors, and assure access to quality care.

**Social Marketing** - the application of commercial marketing technologies to the analysis, planning, execution, and evaluation of programs designed to influence the voluntary behavior of target audiences in order to improve their personal welfare and that of their society.

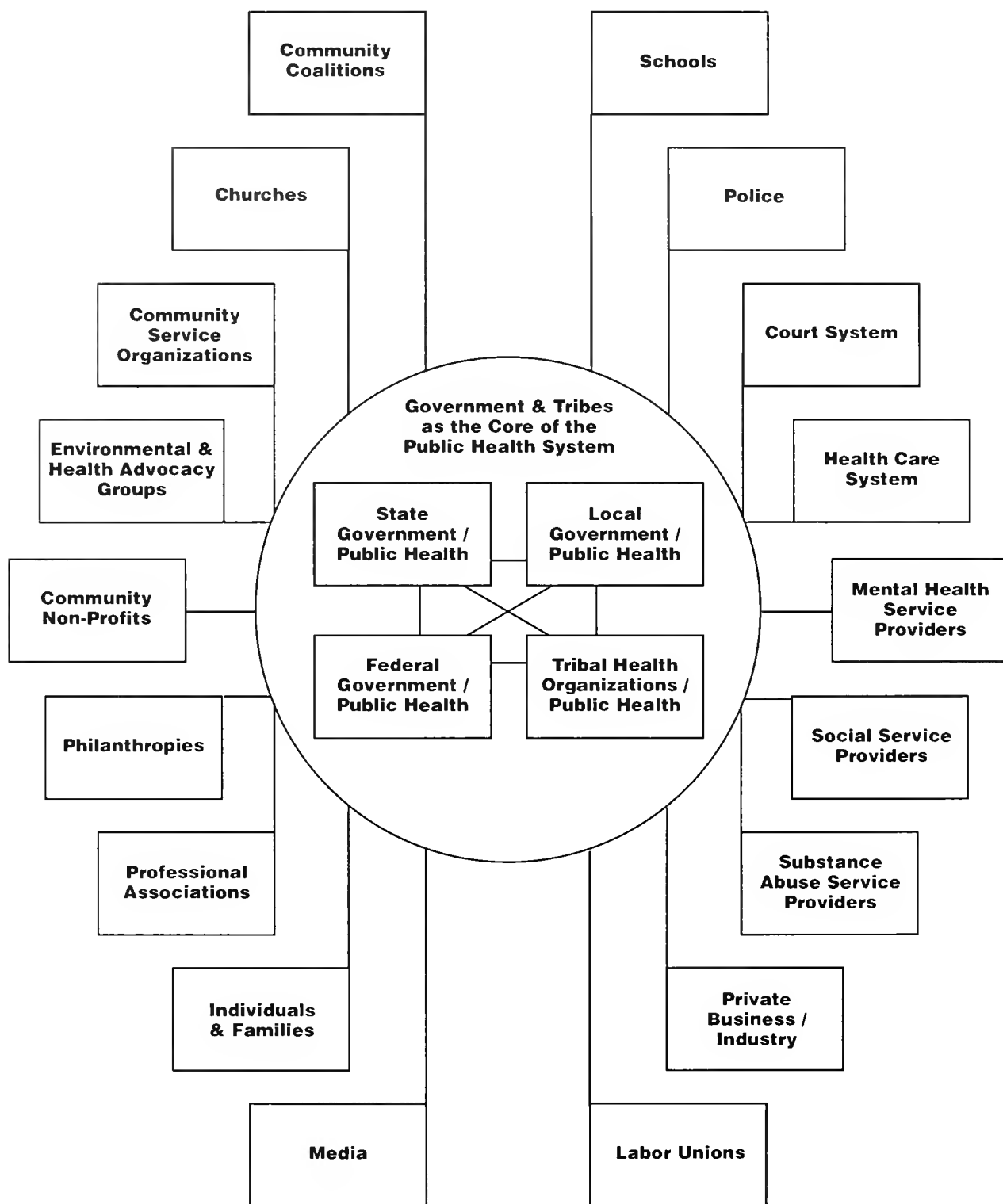
**State Health Agency** - the unit of state government that has leading responsibility for identifying and meeting the health needs of the state's citizens. State health agencies can be free-standing or units of multipurpose health and human service agencies.

**State Health System** - State Health Department working in partnership with those state governmental agencies and private entities that operate statewide to provide services essential to the health of the public.

Many of these glossary terms are taken from  
the book *Public Health: What It Is and How it Works*  
by Bernard J. Turnock.

# Scope of the System

## Public Health System Partners





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